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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2016

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public

Information about Form 990 and its instructions is at [www.irs.gov/form990](#)

Department of the Treasury
Internal Revenue Service

A For the 2016 calendar year, or tax year beginning 01-01-2016 , and ending 12-31-2016

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final

☐ Return/terminated

☐ Amended return

☐ Application pending

C Name of organization

AMERICAN NURSES ASSOCIATION INC

D Employer identification number

13-1893923

E Telephone number

(301) 628-5000

G Gross receipts \$ 46,804,350

H(a) Is this a group return for subordinates?

☐ Yes ☒ No

H(b) Are all subordinates included?

☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status

☐ 501(c)(3) ☒ 501(c) (6) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.NURSINGWORLD.ORG

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1917

M State of legal domicile DC

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities

TO ADVANCE AND PROMOTE THE IMPROVEMENT OF HEALTH STANDARDS AND THE STANDARDS OF NURSING

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)

3 9

4 Number of independent voting members of the governing body (Part VI, line 1b)

4 8

5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)

5 269

6 Total number of volunteers (estimate if necessary)

6 699

7a Total unrelated business revenue from Part VIII, column (C), line 12

7a 96,543

7b Net unrelated business taxable income from Form 990-T, line 34

7b 14,611

Revenue

8 Contributions and grants (Part VIII, line 1h)

8 1,402,605

9 Program service revenue (Part VIII, line 2g)

9 29,344,379

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

10 1,169,145

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

11 4,443,648

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

12 36,359,777

Current Year

12 42,123,225

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)

13 1,346,014

14 Benefits paid to or for members (Part IX, column (A), line 4)

14 0

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

15 18,577,164

16a Professional fundraising fees (Part IX, column (A), line 11e)

16a 0

16b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

17 21,729,191

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)

18 41,652,369

19 Revenue less expenses Subtract line 18 from line 12

19 -5,292,592

Current Year

19 -6,233,285

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

20 43,924,323

21 Total liabilities (Part X, line 26)

21 20,659,746

22 Net assets or fund balances Subtract line 21 from line 20

22 23,264,577

End of Year

22 19,671,521

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

Signature of officer

2017-11-14

Date

LYNN WASYLINA CHIEF FINANCIAL OFFICER

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

FRANK H SMITH

Preparer's signature

FRANK H SMITH

Date

2017-11-13

Check ☐ if self-employed

PTIN

P00639053

Firm's name ▶ RAFFA PC

Firm's EIN ▶ 52-1511275

Firm's address ▶ 1899 L STREET NW SUITE 850

Phone no (202) 822-5000

WASHINGTON, DC 20036

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2016)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐**1** Briefly describe the organization's mission:

TO ADVANCE AND PROMOTE THE IMPROVEMENT OF HEALTH STANDARDS AND THE STANDARDS OF NURSING AND TO STIMULATE AND PROMOTE THE PROFESSIONAL DEVELOPMENT OF NURSES AND ADVANCE THEIR ECONOMIC AND GENERAL WELFARE

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code) (Expenses \$ including grants of \$) (Revenue \$)
See Additional Data




















4b (Code) (Expenses \$ including grants of \$) (Revenue \$)
See Additional Data

4c (Code) (Expenses \$ including grants of \$) (Revenue \$)
See Additional Data

4d Other program services (Describe in Schedule O)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ►

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	No
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	2	Yes
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 	3	Yes
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 	5	Yes
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	Yes
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 	11a	Yes
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e	Yes
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 	11f	Yes
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	12a	Yes
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 	12b	Yes
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 	14b	Yes
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	Yes	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	Yes	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	Yes	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		No
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		No
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		No
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		No
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		No
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	Yes	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	Yes	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	Yes	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		No
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	Yes	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	157	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	269	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	Yes	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	Yes	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
d	If "Yes," indicate the number of Forms 8282 filed during the year.		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12.		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders.		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		
c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI ☒

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	9	
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
b	Enter the number of voting members included in line 1a, above, who are independent	8	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	Yes
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	No
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes
13	Did the organization have a written whistleblower policy?	13	Yes
14	Did the organization have a written document retention and destruction policy?	14	Yes
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	15a	Yes
b	Other officers or key employees of the organization	15b	Yes
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed: CA, MD

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records:
 ▶LYNN WASYLINA 8515 GEORGIA AVENUE NO 400 SILVER SPRING, MD 209103492 (301) 628-5000

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) PAMELA CIPRIANO PHDRNNEA-BC PRESIDENT	1 00	X		X				184,756	0	0
(2) ERNEST J GRANT PHD RN FAAN VICE PRESIDENT	1 00	X		X				0	0	0
(3) PATRICIA TRAVIS PHD RN CCRP SECRETARY	1 00	X		X				0	0	0
(4) GINGY HARSHEY-MEADMSNRNCAE TREASURER	1 00	X		X				0	0	0
(5) ANDREA GREGG PHD RN DIRECTOR-AT LARGE	1 00	X						0	0	0
(6) LINDA GURAL RN CCRN DIRECTOR-AT LARGE, STAFF NURSE	1 00	X						0	0	0
(7) GAYLE PETERSON RN-BC DIRECTOR-AT LARGE, STAFF NURSE	1 00	X						0	0	0
(8) FAITH M JONES MSN RN NEA-BC DIRECTOR-AT LARGE	1 00	X						0	0	0
(9) JESSE KENNEDY BSN RN DIRECTOR-AT LARGE, RECENT GRADUATE	1 00	X						0	0	0
(10) MARLA J WESTON CHIEF EXECUTIVE OFFICER	39 00			X				405,838	0	41,935
(11) MICHAEL PFEIFFER CHIEF FINANCIAL OFFICER	36 00			X				212,777	0	36,744
(12) DEBRA HATMAKER EXECUTIVE DIRECTOR, EVP	40 00			X				244,009	0	26,080
(13) NANCY ROBERT CHIEF MARKETING OFFICER, EVP	40 00			X				215,714	0	28,777
(14) STEPHEN FOX SENIOR DIRECTOR OF MEMBERSHIP	40 00				X			259,596	0	37,470
(15) ALICE BODLEY CHIEF LEGAL OFFICER	40 00				X			250,713	0	38,105
(16) LINDA LEWIS EXEC DIRECTOR, ANCC (UNTIL 04/2016)	40 00				X			215,245	0	13,173
(17) CHRISTINE LEYDEN VP CERTIF AND MEAS SERVICES	40 00				X			192,375	0	19,973

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) CATHERINE JUDGE EXECUTIVE DIRECTOR, ANF	1 00 39 00				X			189,716	0	19,218
(19) VELLORE GOPINATH CHIEF INFORMATION OFFICER	40 00				X			172,553	0	17,720
(20) KATHY CHAPPELL INTERIM ANCC CHIEF STAFF OFFICER	40 00					X		216,741	0	36,861
(21) DONNA GRANDE VP OF PRODUCTS AND SERVICES	40 00					X		174,982	0	26,286
(22) MICHELLE ARTZ DIRECTOR OF GOVERNMENT AFFAIRS	40 00					X		174,198	0	16,764
(23) LEE SKINNER DIRECTOR, NEW MEASUREMENT PRODUCTS	40 00					X		172,900	0	23,555
(24) THERESA A GAFFNEY SR DIR NEW PRODUCT DEVELOPMENT	40 00					X		171,509	0	26,953

1b Sub-Total			
c Total from continuation sheets to Part VII, Section A			
d Total (add lines 1b and 1c)	3,453,622	0	409,614

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 56**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
RAFFA PC 1899 L STREET NW SUITE 850 WASHINGTON, DC 20036	ACCOUNTING SERVICES	2,090,427
HBW GROUP BUILDING SERVICES 1055 FIRST STREET SUITE 200 ROCKVILLE, MD 20850	CONSTRUCTION & BUILDING SERVICES	1,389,247
MARKETING GENERAL INC 625 N WASHINGTON STREET ALEXANDRIA, VA 22314	MARKETING & COMMUNICATION	944,014
OUTSOURCE IT 6810 CRAIN HIGHWAY LA PLATA, MD 20646	INFORMATION TECHNOLOGY	748,448
KAMIS PROF STAFFING 9841 WASH BLVD GAITHERSBURG, MD 20878	TEMPORARY STAFFING	700,143

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **▶ 11**

Part VIII		Statement of Revenue					
Check if Schedule O contains a response or note to any line in this Part VIII						<input type="checkbox"/>	
			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d	48,203			
	e	Government grants (contributions)	1e	2,090,298			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f				
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f	2,138,501				
Program Service Revenue			Business Code				
	2a	MEMBERSHIP DUES	900099	15,408,590	15,408,590		
	b	SERVICE FEES	900099	13,287,024	13,287,024		
	c	CONFERENCE FEES	900099	3,140,342	2,809,012	331,330	
	d	PUBLICATIONS	900099	2,015,553	2,015,553		
	e	KNOWLEDGE CENTER REVENUE	900099	649,270	649,270		
	f	All other program service revenue					
	g	Total. Add lines 2a-2f	34,500,779				
Other Revenue	3		Investment income (including dividends, interest, and other similar amounts)	1,104,134		20,376	1,083,758
	4		Income from investment of tax-exempt bond proceeds				
	5		Royalties	169,676			169,676
	6a	(i) Real	(ii) Personal				
		1,902,792					
	b	Less rental expenses	0				
	c	Rental income or (loss)	1,902,792				
	d	Net rental income or (loss)	1,902,792				1,902,792
	7a	(i) Securities	(ii) Other				
		4,102,110					
	b	Less cost or other basis and sales expenses	4,539,563				
	c	Gain or (loss)	-437,453				
	d	Net gain or (loss)	-437,453				-437,453
	8a		Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18	a			
b		Less direct expenses	b				
c		Net income or (loss) from fundraising events					
9a		Gross income from gaming activities See Part IV, line 19	a				
b		Less direct expenses	b				
c		Net income or (loss) from gaming activities					
10a		Gross sales of inventory, less returns and allowances	a				
b		Less cost of goods sold	b				
c		Net income or (loss) from sales of inventory	2,275,092		2,275,092		
Miscellaneous Revenue		Business Code					
11a		REFUNDS	900099	262,652		262,652	
b		AGENCY FEES	900099	130,885		130,885	
c		ADVERTISING INCOME	900099	76,167	76,167		
d		All other revenue					
e		Total. Add lines 11a-11d	469,704				
12		Total revenue. See Instructions	42,123,225		36,444,541	96,543	3,443,640

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☒**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	1,013,415			
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	1,033,845			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	2,822,487			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7 Other salaries and wages.	16,395,331			
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	2,208,416			
9 Other employee benefits.	1,743,386			
10 Payroll taxes.	110,779			
11 Fees for services (non-employees):				
a Management.				
b Legal.	352,483			
c Accounting.	170,887			
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.	160,130			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	6,060,091			
12 Advertising and promotion.	1,708,405			
13 Office expenses.	4,251,765			
14 Information technology.	1,629,099			
15 Royalties.	89,457			
16 Occupancy.	3,452,949			
17 Travel.	2,425,688			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	601,467			
20 Interest.	27,979			
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	918,622			
23 Insurance.	207,586			
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a DUES & SUBSCRIPTIONS	709,224			
b SPONSORSHIPS	68,671			
c BAD DEBT EXPENSE	60,567			
d MAIL LIST RENTAL	58,362			
e All other expenses	75,419			
25 Total functional expenses. Add lines 1 through 24e.	48,356,510			
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		4,746,252	1	77,565
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		9,911	3	1,155,156
	4	Accounts receivable, net		1,643,804	4	2,660,168
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L.			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		301,830	8	303,980
	9	Prepaid expenses and deferred charges		759,289	9	753,175
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D.	10a	14,026,944		
	b	Less: accumulated depreciation	10b	5,768,176		
				4,734,672	10c	8,258,768
	11	Investments—publicly traded securities		27,682,363	11	29,532,253
	12	Investments—other securities. See Part IV, line 11		1,069,167	12	1,065,833
	13	Investments—program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
15	Other assets. See Part IV, line 11		2,977,035	15	-2,444,166	
16	Total assets. Add lines 1 through 15 (must equal line 34)		43,924,323	16	41,362,732	
Liabilities	17	Accounts payable and accrued expenses		3,280,956	17	3,768,663
	18	Grants payable			18	
	19	Deferred revenue		2,748,848	19	2,548,537
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties		358,012	23	342,593
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.		14,271,930	25	15,031,418
	26	Total liabilities. Add lines 17 through 25		20,659,746	26	21,691,211
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		23,066,853	27	18,601,196
	28	Temporarily restricted net assets		163,724	28	1,036,825
	29	Permanently restricted net assets		34,000	29	33,500
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		23,264,577	33	19,671,521
	34	Total liabilities and net assets/fund balances		43,924,323	34	41,362,732

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	42,123,225
2	Total expenses (must equal Part IX, column (A), line 25)	2	48,356,510
3	Revenue less expenses Subtract line 2 from line 1	3	-6,233,285
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	23,264,577
5	Net unrealized gains (losses) on investments	5	1,491,843
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	684,152
9	Other changes in net assets or fund balances (explain in Schedule O)	9	464,234
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	19,671,521

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separate basis	Yes	
c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Additional Data

Software ID:
Software Version:
EIN: 13-1893923
Name: AMERICAN NURSES ASSOCIATION INC

Form 990 (2016)

Form 990, Part III, Line 4a:

REVISE AND EXPAND THE FOUNDATIONAL DOCUMENTS FOR NURSES AND NURSING PRACTICE AMERICAN NURSES ASSOCIATION, INC (ANA) MAINTAINS AND DISSEMINATES THE CODE OF ETHICS, THE NURSING SOCIAL POLICY STATEMENT, THE SCOPE AND STANDARDS OF CARE FOR NURSING (AND 28 SPECIALTY PRACTICES), POSITION STATEMENTS AND ISSUE BRIEFS ACTIVITIES INCLUDE CONDUCTING AND SUPPORTING RESEARCH, EVALUATION AND DISSEMINATION OF INFORMATION RELATED TO HEALTH POLICY, NURSES AND NURSING CARE

Form 990, Part III, Line 4b:

CLARIFY AND STRENGTHEN THE EDUCATIONAL SYSTEM FOR NURSING ANA SUPPORTS ACTIVITIES RELATED TO MINIMUM EDUCATIONAL REQUIREMENTS FOR DIFFERING LEVELS OF NURSING PRACTICE, ENSURING FEDERAL SUPPORT FOR NURSING EDUCATION, AND SUPPORT FOR LEADERSHIP DEVELOPMENT AND EDUCATIONAL SCHOLARSHIPS FOR MINORITY STUDENTS

Form 990, Part III, Line 4c:

RESTRUCTURE THE ORGANIZATIONAL ARRANGEMENTS FOR DELIVERY OF NURSING SERVICES ACTIVITIES INCLUDED IN THIS PROGRAM ARE RELATED TO DEVELOPMENT
OF COST-EFFECTIVE MODELS FOR DELIVERY OF NURSING CARE AND PROMOTION OF NURSES AS PROVIDERS OF CARE TO THE PUBLIC

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at**
www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization AMERICAN NURSES ASSOCIATION INC	Employer identification number 13-1893923
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1	Provide a description of the organization's direct and indirect political campaign activities in Part IV	
2	Political expenditures	▶ \$
3	Volunteer hours	

Part I-B Complete if the organization is exempt under section 501(c)(3).

1	Enter the amount of any excise tax incurred by the organization under section 4955	▶	\$	
2	Enter the amount of any excise tax incurred by organization managers under section 4955	▶	\$	
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?			<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?			<input type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," describe in Part IV			

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	▶	\$	0
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities	▶	\$	0
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b	▶	\$	
4	Did the filing organization file Form 1120-POL for this year?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV			

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
(1) ANA-PAC	8515 GEORGIA AVENUE SUITE 400 SILVER SPRING, MD 20910	52-1254413	0	223,288
2				
3				
4				
5				
6				

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)**(a)** Filing
organization's
totals**(b)** Affiliated
group totals

1a Total lobbying expenditures to influence public opinion (grass roots lobbying)

b Total lobbying expenditures to influence a legislative body (direct lobbying)

c Total lobbying expenditures (add lines 1a and 1b)

d Other exempt purpose expenditures

e Total exempt purpose expenditures (add lines 1c and 1d)

f Lobbying nontaxable amount Enter the amount from the following table in both columns

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000
Over \$17,000,000	\$1,000,000

g Grassroots nontaxable amount (enter 25% of line 1f)

h Subtract line 1g from line 1a If zero or less, enter -0-

i Subtract line 1f from line 1c If zero or less, enter -0-

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

☐ Yes ☐ No**4-Year Averaging Period Under section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c	Media advertisements?			
d	Mailings to members, legislators, or the public?			
e	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities?			
j	Total. Add lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		No
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		No
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	Yes	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members	1	15,408,590
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a	Current year	2a	2,069,619
b	Carryover from last year	2b	-2,902,772
c	Total	2c	-833,153
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	3,043,197
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	-3,876,350
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
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efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493318005337	
<div>SCHEDULE D (Form 990)</div> <div>Department of the Treasury Internal Revenue Service</div>		<div>Supplemental Financial Statements</div> <div>► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.</div> <div>Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.</div>			<div>OMB No 1545-0047</div> <div>2016</div> <div>Open to Public Inspection</div>
Name of the organization AMERICAN NURSES ASSOCIATION INC				Employer identification number 13-1893923	
Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.					
		(a) Donor advised funds		(b) Funds and other accounts	
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?				<input type="checkbox"/> Yes <input type="checkbox"/> No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.					
1	Purpose(s) of conservation easements held by the organization (check all that apply) <input type="checkbox"/> Preservation of land for public use (e g , recreation or education) <input type="checkbox"/> Preservation of an historically important land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year				
a	Total number of conservation easements	Held at the End of the Year			
b	Total acreage restricted by conservation easements	2a			
c	Number of conservation easements on a certified historic structure included in (a)	2b			
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2c			
		2d			
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►				
4	Number of states where property subject to conservation easement is located ►				
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?				<input type="checkbox"/> Yes <input type="checkbox"/> No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►				
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$				
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?				<input type="checkbox"/> Yes <input type="checkbox"/> No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements				
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.					
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items				
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items				
(i) Revenue included on Form 990, Part VIII, line 1		► \$			
(ii) Assets included in Form 990, Part X		► \$			
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items				
a	Revenue included on Form 990, Part VIII, line 1				► \$
b	Assets included in Form 990, Part X				► \$
For Paperwork Reduction Act Notice, see the Instructions for Form 990.					
			Cat No 52283D	Schedule D (Form 990) 2016	

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3

Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

☐

Part V

Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	197,725	213,665	211,490	188,111	167,279
b Contributions					
c Net investment earnings, gains, and losses	37,000	-15,940	2,175	23,379	20,832
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	234,725	197,725	213,665	211,490	188,111

2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a

Board designated or quasi-endowment

0 %

b

Permanent endowment

14 490 %

c

Temporarily restricted endowment

85 520 %

The percentages on lines 2a, 2b, and 2c should equal 100%

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations

3a(i)

No

(ii) related organizations

3a(ii)

No

b

If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

3b

4

Describe in Part XIII the intended uses of the organization's endowment funds

Part VI

Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		466,538	112,733	353,805
c Leasehold improvements		4,084,421	948,917	3,135,504
d Equipment		1,591,423	1,107,200	484,223
e Other		7,884,562	3,599,326	4,285,236
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				8,258,768

Part VII

Investments—Other Securities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b.
See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ▶		

Part VIII

Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c.
See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ▶		

Part IX

Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ▶	

Part X

Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.
See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
UNFUNDED PENSION LIABILITY	11,381,003
DUES COLLECTED ON BEHALF OF C/SNAS	590,409
MULTISTATE DIVISION INVESTMENT FUND	-4,750
DEFERRED RENT	3,064,756
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	15,031,418

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☒

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	43,596,500
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	1,491,843
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	141,562
e	Add lines 2a through 2d	2e	1,633,405
3	Subtract line 2e from line 1	3	41,963,095
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	160,130
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	160,130
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	42,123,225

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	48,337,942
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	141,562
e	Add lines 2a through 2d	2e	141,562
3	Subtract line 2e from line 1	3	48,196,380
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	160,130
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	160,130
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	48,356,510

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
See Additional Data Table	

Part XIII **Supplemental Information** *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 13-1893923
Name: AMERICAN NURSES ASSOCIATION INC

Supplemental Information

Return Reference	Explanation
PART V, LINE 4	THE ASSOCIATION'S ENDOWMENT INVESTMENT POLICY IS FOCUSED ON PRESERVATION OF CAPITAL AND AMOUNTS ARE INVESTED IN EQUITIES, CORPORATE AND GOVERNMENT BONDS THROUGH EXCHANGE TRADED MUTUAL FUNDS

Supplemental Information	
Return Reference	Explanation
PART X, LINE 2	THE ASSOCIATION ADOPTED THE INCOME TAX STANDARD FOR UNCERTAIN INCOME TAX POSITIONS THE AS SOCIATION EVALUATED ITS TAX POSITIONS AND DETERMINED THAT ITS POSITIONS ARE MORE-LIKELY-TH AN-NOT TO BE SUSTAINED ON EXAMINATION

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	COST OF GOODS SOLD 141,562

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	COST OF GOODS SOLD 141,562

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.

► Attach to Form 990. ► See separate instructions.

► Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

**Open to Public
Inspection**

Name of the organization

AMERICAN NURSES ASSOCIATION INC

Employer identification number

13-1893923

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States

3 Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) See Add'l Data					
(2)					
(3)					
(4)					
(5)					
3a Sub-total	0	0			282,796
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	0	0			282,796

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									

- 2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ► _____
- 3 Enter total number of other organizations or entities ► _____

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* ☐ Yes ☒ No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A)* ☐ Yes ☒ No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)* ☐ Yes ☒ No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* ☐ Yes ☒ No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* ☐ Yes ☒ No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713)* ☐ Yes ☒ No

Part V **Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference	Explanation
PART I, LINE 3	IN ACCORDANCE WITH IRS INSTRUCTIONS, ALL AMOUNTS REPORTED IN PART I OF SCHEDULE F ARE REPORTED USING THE ACCRUAL BASIS OF ACCOUNTING, THE SAME METHOD OF ACCOUNTING USED IN THE FINANCIAL STATEMENTS

Additional Data

Software ID:

Software Version:

EIN: 13-1893923

Name: AMERICAN NURSES ASSOCIATION INC

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	PROGRAM SERVICES	INTERNATIONAL COUNCIL OF NURSES, ANNUAL DUES, NURSING CONFERENCES	275,791
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	LEGAL WORK AND NURSING CONFERENCES	7,005

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations,
Governments and Individuals in the United States

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
AMERICAN NURSES ASSOCIATION INC

Employer identification number
13-1893923

Part I

General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) AMERICAN NURSES FOUNDATION INC 8515 GEORGIA AVENUE SUITE 400 SILVER SPRING, MD 209103492	13-1893924	501(C)(3)	404,533				GENERAL SUPPORT

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 1
- 3 Enter total number of other organizations listed in the line 1 table 0

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) STIPENDS	43	892,230			
(2) TUITION ASSISTANCE	28	141,615			
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
PART I, LINE 2	THE ASSOCIATION PROVIDES FELLOWSHIP AWARDS THROUGH THE MINORITY FELLOWSHIP PROGRAM. THE ASSOCIATION HAS AN ADVISORY COMMITTEE THAT SERVES AS A POLICY ADVISORY GROUP AND PROVIDES FOR ALL COMPONENTS ON THE PROGRAM. THE COMMITTEE MEMBERS' FUNCTIONS INCLUDE, BUT ARE NOT LIMITED TO REVIEWING EXISTING PROGRAM POLICIES AND PROCEDURES AND MAKING RECOMMENDATIONS, IMPLEMENTING THE APPOINTMENT PROCESS BY SCORING APPLICATIONS AND SELECTING FELLOWS, IMPLEMENTING THE REAPPOINTMENT PROCESS BY EVALUATING AND MAKING RECOMMENDATIONS REGARDING THE FELLOWS' TENURE IN THE PROGRAM, AWARDING POST-DOCTORAL FELLOWSHIPS, ASSISTING FELLOWS TO STRENGTHEN THEIR RESEARCH AND SCHOLARSHIP THROUGH A VARIETY OF ACTIVITIES, AND CONDUCTING PLANNED SITE VISITS AT SELECTED UNIVERSITIES WHERE FELLOWS ARE MATRICULATING IN ACADEMIC PROGRAMS WITH THE INTENT OF ASSESSING THE FELLOW'S OVERALL PERFORMANCE WITHIN THE CONTEXT OF THE ACADEMIC INSTITUTION, AND MAKING RECOMMENDATIONS ON THE FELLOW'S BEHALF. THE DEMANDS OF THE COMMITTEE CAN BEST BE DESCRIBED AS INVOLVED. ADDITIONALLY, THE FEDERAL AWARD HAS DATA COLLECTION REQUIREMENTS, OR IS IMPLEMENTING THEM AND THE ASSOCIATION IS COMMITTED TO ENSURING THAT THESE REQUIREMENTS ARE MET AS A GRANTEE, YOUR ORGANIZATION MUST COMPLY WITH PL 102-62 AND RELATED GPRA REQUIREMENTS THAT INCLUDE THE COLLECTION AND PERIODIC REPORTING OF PERFORMANCE DATA THAT ALLOWS SAMHSA TO ENSURE THE EFFECTIVENESS AND EFFICIENCY OF ITS PROGRAMS. CMHS IS CURRENTLY IN THE PLANNING STAGES OF IMPLEMENTING A WEB-BASED GPRA DATA COLLECTION AND REPORTING SYSTEM. WHEN IMPLEMENTATION OF THE SYSTEM BEGINS, GRANTEES WILL BE REQUIRED TO SUBMIT THEIR GPRA DATA ELECTRONICALLY USING THIS WEB-BASED SYSTEM. GRANTEES WILL ALSO BE REQUIRED TO PARTICIPATE IN THE INITIAL TRAINING AND ONGOING TECHNICAL ASSISTANCE IN ORDER TO ENSURE A SMOOTH TRANSITION TO THE ELECTRONIC SYSTEM AND CONTINUED USER SUPPORT. THE GPO WILL PROVIDE INFORMATION ON THE SPECIFIC DATA TO BE SUBMITTED AND THE SCHEDULE FOR SUBMISSION AS IT BECOMES AVAILABLE.

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization AMERICAN NURSES ASSOCIATION INC	Employer identification number 13-1893923
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Part I

Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <div><div><input type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input type="checkbox"/> Written employment contract</div><div><input type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Approval by the board or compensation committee</div></div>		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:		
a Receive a severance payment or change-of-control payment?	4a	Yes
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a The organization?	5a	
b Any related organization?	5b	
If "Yes," on line 5a or 5b, describe in Part III		
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a The organization?	6a	
b Any related organization?	6b	
If "Yes," on line 6a or 6b, describe in Part III		
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							

Part III **Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
PART I, LINE 4A	LINDA LEWIS, WHO SERVED AS ANCC'S EXECUTIVE DIRECTOR, RECEIVED A SEVERANCE PAYMENT OF \$65,673 FOR THE PERIOD ENDED DECEMBER 31, 2016

Additional Data

Software ID:

Software Version:

EIN: 13-1893923

Name: AMERICAN NURSES ASSOCIATION INC

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1PAMELA CIPRIANO PHDRNNEA-BC PRESIDENT	(i)	180,000	0	4,756	0	0	184,756	0
	(ii)	0	0	0	0	0	0	0
2MARLA J WESTON CHIEF EXECUTIVE OFFICER	(i)	405,838	0	0	33,389	8,546	447,773	0
	(ii)	0	0	0	0	0	0	0
3MICHAEL PFEIFFER CHIEF FINANCIAL OFFICER	(i)	212,777	0	0	20,701	16,043	249,521	0
	(ii)	0	0	0	0	0	0	0
4DEBRA HATMAKER EXECUTIVE DIRECTOR, EVP	(i)	244,009	0	0	20,210	5,870	270,089	0
	(ii)	0	0	0	0	0	0	0
5NANCY ROBERT CHIEF MARKETING OFFICER, EVP	(i)	215,714	0	0	20,231	8,546	244,491	0
	(ii)	0	0	0	0	0	0	0
6STEPHEN FOX SENIOR DIRECTOR OF MEMBERSHIP	(i)	224,142	35,454	0	21,427	16,043	297,066	0
	(ii)	0	0	0	0	0	0	0
7ALICE BODLEY CHIEF LEGAL OFFICER	(i)	250,713	0	0	22,062	16,043	288,818	0
	(ii)	0	0	0	0	0	0	0
8LINDA LEWIS EXEC DIRECTOR, ANCC (UNTIL 04/2016)	(i)	149,572	0	65,673	10,719	2,454	228,418	0
	(ii)	0	0	0	0	0	0	0
9CHRISTINE LEYDEN VP CERTIF AND MEAS SERVICES	(i)	192,375	0	0	12,825	7,148	212,348	0
	(ii)	0	0	0	0	0	0	0
10CATHERINE JUDGE EXECUTIVE DIRECTOR, ANF	(i)	189,716	0	0	18,499	719	208,934	0
	(ii)	0	0	0	0	0	0	0
11VELLORE GOPINATH CHIEF INFORMATION OFFICER	(i)	172,553	0	0	12,208	5,512	190,273	0
	(ii)	0	0	0	0	0	0	0
12KATHY CHAPPELL INTERIM ANCC CHIEF STAFF OFFICER	(i)	204,204	12,537	0	19,200	17,661	253,602	0
	(ii)	0	0	0	0	0	0	0
13DONNA GRANDE VP OF PRODUCTS AND SERVICES	(i)	174,982	0	0	17,740	8,546	201,268	0
	(ii)	0	0	0	0	0	0	0
14MICHELLE ARTZ DIRECTOR OF GOVERNMENT AFFAIRS	(i)	174,198	0	0	16,764	0	190,962	0
	(ii)	0	0	0	0	0	0	0
15LEE SKINNER DIRECTOR, NEW MEASUREMENT PRODUCTS	(i)	167,900	5,000	0	16,943	6,612	196,455	0
	(ii)	0	0	0	0	0	0	0
16THERESA A GAFFNEY SR DIR NEW PRODUCT DEVELOPMENT	(i)	171,509	0	0	17,201	9,752	198,462	0
	(ii)	0	0	0	0	0	0	0

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization
AMERICAN NURSES ASSOCIATION INC

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

Employer identification number

13-1893923

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 1	ANA'S EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS IS COMPOSED OF THE OFFICERS WHICH HAVE ALL POWERS OF THE BOARD OF DIRECTORS TO TRANSACT BUSINESS BETWEEN BOARD MEETINGS IN ACCORDANCE WITH THE RULES ESTABLISHED BY THE BOARD OF DIRECTORS SUCH TRANSACTIONS ARE REPORTED AT THE NEXT REGULAR MEETING OF THE BOARD OF DIRECTORS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	<p>ANA HAS THE FOLLOWING CLASSES OF MEMBERS. CONSTITUENT AND STATE NURSES ASSOCIATIONS. THESE INCLUDE STATE NURSES ASSOCIATIONS, MULTI-STATE NURSES ASSOCIATIONS, NURSES ASSOCIATIONS OF THE DISTRICT OF COLUMBIA, NURSES ASSOCIATIONS OF THE TERRITORIES OF THE UNITED STATES OF AMERICA, UNITED STATES OF AMERICA NURSES OVERSEAS ASSOCIATIONS, AND A FEDERAL NURSES ASSOCIATION COMPOSED OF REGISTERED NURSES WHOSE EMPLOYERS ARE MEMBERS OF THE FEDERAL NURSING SERVICES COUNCIL, LIMITED TO MEMBERSHIP OF THE ACTIVE COMPONENT OF THE U.S. ARMY, NAVY, AIR FORCE, AND THE UNIFORMED PUBLIC HEALTH SERVICE. NURSES ARE HEREINAFTER REFERRED TO AS C/SNAs OR ORGANIZATIONAL AFFILIATES. ANA HAS ORGANIZATIONAL AFFILIATES THAT COULD BE LABOR ORGANIZATIONS, WORKFORCE ADVOCACY ORGANIZATIONS, OR SPECIALTY NURSING ASSOCIATIONS. AN ORGANIZATIONAL AFFILIATE WOULD BE A NATIONAL ORGANIZATION THAT REPRESENTS THE INTERESTS OF REGISTERED NURSES THAT MEETS CRITERIA ESTABLISHED BY THE MEMBERSHIP ASSEMBLY. INDIVIDUAL MEMBERS. AN INDIVIDUAL MEMBER WOULD BE A REGISTERED NURSE WHO ELECTS TO JOIN ANA DIRECTLY. THIS MEMBERSHIP OPTION IS CONTINGENT UPON THE AGREEMENT BETWEEN THE C/SNA AND ANA. INDIVIDUAL AFFILIATES. AN INDIVIDUAL AFFILIATE (ALSO REFERRED TO AS E-MEMBER) IS A REGISTERED NURSE WHO ELECTS TO JOIN ANA IN ACCORDANCE WITH THE PROVISIONS OF THIS SECTION.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	ANA MEMBERSHIP ASSEMBLY IS RESPONSIBLE FOR SELECTING THE MEMBERS OF THE BOARD OF DIRECTORS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE DRAFT VERSION OF THE FEDERAL FORM 990 IS REVIEWED IN DETAIL BY THE CHIEF EXECUTIVE OFFICER AND CHIEF FINANCIAL OFFICER TO ENSURE THAT THE DETAILS TIE TO THE AUDITED FINANCIAL STATEMENTS AND APPROPRIATELY REPRESENT ALL FINANCIAL ACTIVITIES OF ANA. A COPY OF THE DRAFT FEDERAL FORM 990 IS DISTRIBUTED TO THE TREASURER OF THE BOARD OF DIRECTORS AND THE EXECUTIVE DIRECTOR PRIOR TO FILING THE RETURN WITH THE INTERNAL REVENUE SERVICE.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	<p>THE BOARD MEMBERS OF ANA SIGN DISCLOSURE STATEMENTS UPON ELECTION OR APPOINTMENT, AND EVERY TWO YEARS THE BOARD OF DIRECTORS FORMALLY ADOPTED THE USE OF CONFLICT OF INTEREST STATEMENTS AND DISCLOSURE FORMS THE GENERAL COUNSEL REVIEWS THE DISCLOSURE STATEMENTS AND DISCUSSES ANY CONFLICT OR POTENTIAL CONFLICT ON THE PART OF AN ANA BOARD MEMBER WITH THE ANA CHIEF EXECUTIVE OFFICER (CEO) AND PRESIDENT, AND FOLLOW-UP ACTION WOULD BE TAKEN AS NEEDED PERIODIC TRAINING FOR THE BOARD OF DIRECTORS INCLUDES REFERENCE TO THE MEMBERS' FIDUCIARY OBLIGATIONS, INCLUDING THE AVOIDANCE OF A CONFLICT OF INTEREST THE ANA BOARD OF DIRECTORS HAS AN OPERATING POLICY THAT PROHIBITS CONFLICT OF INTEREST, AND THE ANA PRESIDENT CALLS FOR DISCLOSURE OF CONFLICTS AT THE BEGINNING OF EVERY MEETING CONFLICTED INDIVIDUALS WILL NOT VOTE ON THE MATTER ABOUT WHICH THEY ARE CONFLICTED, AND MAY OR MAY NOT PARTICIPATE IN THE DISCUSSION OF THE MATTER, DEPENDING UPON THE ISSUE AND WHETHER DISCLOSURE OF THE CONFLICT TO THE BOARD PROVIDES ENOUGH PROTECTION TO PERMIT THE BOARD MEMBER TO COMMENT ON THE MATTER OR TO HEAR THE DISCUSSION FOR THE PAST TEN YEARS, ANA'S PRACTICE HAS BEEN FOR THE BOARD MEMBER TO LEAVE THE ROOM DURING THE DISCUSSION THE MINUTES REFLECT REFERENCES TO AND DECISIONS ABOUT CONFLICT OF INTEREST</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	JOBS AND SALARY GRADES ARE BENCHMARKED TO ENSURE THAT THE ORGANIZATION REMAINS COMPETITIVE IN THE CURRENT LABOR MARKET ALL UNION POSITIONS ARE COVERED BY THE UNION CONTRACT THESE PROCESSES ARE DOCUMENTED AND HELD IN THE HUMAN RESOURCES DEPARTMENT BY THE DIRECTOR OF HUMAN RESOURCES

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	ANA DOES NOT MAKE ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, OR THE FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	CONSULTING SERVICES 6,060,091

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	CHANGE IN MINIMUM PENSION LIABILITY 464,234

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990. ► Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
AMERICAN NURSES ASSOCIATION INC

Employer identification number
13-1893923

Part I Identification of Disregarded Entities

Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(1)AMERICAN NURSES FOUNDATION 8515 GEORGIA AVENUE SUITE 400 SILVER SPRING, MD 20910 13-1893924	SCIENTIFIC RESEARCH, EDUCATION SUPPORT, CHARITABLE AFFILIATE	DC	501(C)(3)	LINE 7	AMERICAN NURSES ASSOCIATION INC	Yes	
(2)AMERICAN NURSES CREDENTIALING CENTER 8515 GEORGIA AVENUE SUITE 400 SILVER SPRING, MD 20910 43-1565726	PROF. CREDENTIALING FOR REGISTERED NURSES, HEALTH FACILITY ACCREDITATION	DC	501(C)(6)	N/A	AMERICAN NURSES ASSOCIATION INC	Yes	
(3)AMERICAN ACADEMY OF NURSING 1000 VERMONT AVENUE NW SUITE 910 WASHINGTON, DC 20005 52-2213870	PROVIDE VISIONARY LEADERSHIP TO THE NURSING PROFESSION AND THE PUBLIC	DC	501(C)(3)	LINE 7	AMERICAN NURSES ASSOCIATION INC	Yes	
(4)INSTITUTE FOR NURSING RESEARCH AND EDUCATION 8515 GEORGIA AVENUE SUITE 400 SILVER SPRING, MD 20910 26-3121515	IMPROVE THE WORK ENVIRONMENT FOR NURSES	DC	501(C)(3)	LINE 7	AMERICAN NURSES ASSOCIATION INC	Yes	
(5)ANA PAC 8515 GEORGIA AVENUE SUITE 400 SILVER SPRING, MD 20910 52-1254413	POLITICAL ACTION COMMITTEE	DC	527	N/A	AMERICAN NURSES ASSOCIATION INC	Yes	

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No
(1) NURSE MARKETPLACE INC 8515 GEORGIA AVENUE SUITE 400 SILVER SPRING, MD 20910 52-2183261	INACTIVE SUBSIDIARY	DC	AMERICAN NURSES ASSOCIATION INC	C			100.000 %	Yes	
(2) ANA SERVICE CORPORATION INC 8515 GEORGIA AVENUE SUITE 400 SILVER SPRING, MD 20910 54-2179203	INACTIVE SUBSIDIARY	DC	AMERICAN NURSES ASSOCIATION INC	C			100.000 %	Yes	

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		No
b Gift, grant, or capital contribution to related organization(s)	Yes	
c Gift, grant, or capital contribution from related organization(s)	Yes	
d Loans or loan guarantees to or for related organization(s)		No
e Loans or loan guarantees by related organization(s)		No
f Dividends from related organization(s)		No
g Sale of assets to related organization(s)		No
h Purchase of assets from related organization(s)		No
i Exchange of assets with related organization(s)		No
j Lease of facilities, equipment, or other assets to related organization(s)	Yes	
k Lease of facilities, equipment, or other assets from related organization(s)		No
l Performance of services or membership or fundraising solicitations for related organization(s)	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	Yes	
o Sharing of paid employees with related organization(s)	Yes	
p Reimbursement paid to related organization(s) for expenses	Yes	
q Reimbursement paid by related organization(s) for expenses	Yes	
r Other transfer of cash or property to related organization(s)	Yes	
s Other transfer of cash or property from related organization(s)	Yes	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) AMERICAN NURSES FOUNDATION	B	404,533	BOOK VALUE
(2) AMERICAN NURSES FOUNDATION	L	442,332	BOOK VALUE
(3) AMERICAN NURSES FOUNDATION	O	887,283	BOOK VALUE
(4) AMERICAN NURSES CREDENTIALING CENTER	L	14,588,489	BOOK VALUE
(5) AMERICAN NURSES CREDENTIALING CENTER	N	2,154,435	BOOK VALUE
(6) AMERICAN NURSES CREDENTIALING CENTER	O	11,566,096	BOOK VALUE

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation
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Additional Data

Software ID:
Software Version:
EIN: 13-1893923
Name: AMERICAN NURSES ASSOCIATION INC

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of related organization		(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1)	AMERICAN NURSES FOUNDATION	B	404,533	BOOK VALUE
(1)	AMERICAN NURSES FOUNDATION	L	442,332	BOOK VALUE
(2)	AMERICAN NURSES FOUNDATION	O	887,283	BOOK VALUE
(3)	AMERICAN NURSES CREDENTIALING CENTER	L	14,588,489	BOOK VALUE
(4)	AMERICAN NURSES CREDENTIALING CENTER	N	2,154,435	BOOK VALUE
(5)	AMERICAN NURSES CREDENTIALING CENTER	O	11,566,096	BOOK VALUE